PURPOSE

From the time of case acceptance, the assigned Michigan Department of Health and Human Services (MDHHS) caseworker must direct services towards maintaining the youth's safe placement upon reentry to the community pursuant to The Second Chance Act of 2007, PL 110-199 (3)(5). Determining when a youth is ready for reentry to the community is based on collaboration with facility staff, treatment progress and the most recent Michigan Juvenile Justice Assessment System (MJJAS) risk level. Providing supportive services to the youth ensures they maintain a level of continuity and reduces risk of recidivism while ensuring safe communities.

DEFINITIONS

See; JJG, Juvenile Justice Glossary.

Unplanned Release

An unplanned release is a release that is both prior to the estimated release date and unexpected (for example, a court ordering the immediate release of a youth against the juvenile justice specialist and facility treatment team recommendation or a youth AWOLP/escape who does not return to the facility).

Qualified Residential Treatment Program (QRTP)

A child caring institution that is defined as is defined as a program that:

- Has a trauma-informed treatment model designed to address the needs, and clinical needs as appropriate, of youth with serious emotional or behavioral disorders or disturbances, and can implement the necessary treatment identified in the youth’s assessment.
- Has registered or licensed nursing staff and other licensed clinical staff who can provide care, who are on-site consistent with the treatment model, and available 24 hours and 7 days a week. The QRTP does not need to have a direct employee/employer relationship with required nursing and behavioral staff.
- Facilitates family participation in youth’s treatment program (if in youth’s best interest).

- Facilitates family outreach, documents how this outreach is made, and maintains contact information for any known biological family and fictive kin of the youth.
- Documents how the youth's family is integrated into the youth's treatment, including post discharge, and how sibling connections are maintained.
- Provides discharge planning and family-based aftercare supports for at least 6 months post discharge.
- The program is licensed and nationally accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation, or others approved by the Secretary.

MICHIGAN YOUTH REENTRY MODEL

The Michigan Youth Reentry Model uses evidence-based approaches and collaborative case management through continuous case planning with the youth and family. It is important that youth and families make responsible choices and achieve goals in education, employment, behavioral health and maintaining positive personal relationships.

MICHIGAN YOUTH REENTRY INITIATIVE

The Michigan Youth Reentry Initiative (MYRI) provides the opportunity for youth placed at state-run facilities to receive individualized planning and wraparound services to assist with successful community reentry.

A youth's assigned juvenile justice specialist must request a referral to MYRI **six months prior** to the youth's scheduled release date. The assigned juvenile justice specialist must complete and submit the DHS-449, Juvenile Justice Reentry Care Coordination Referral, according to the instructions on the form.

The assigned juvenile justice specialist must participate in and assist with the planning and coordination of reentry services. This includes obtaining any necessary releases of information and sharing of case information to service providers.

The treatment and transition team and MYRI representative must complete and sign the DHS-738, Re-entry Plan, to detail reentry needs and services. For additional information on facility reentry responsibilities, see; JRM 207, Reentry Planning and Preparation.

TREATMENT & TRANSITION

The assigned juvenile justice specialist must begin reentry planning with the treatment and transition team at least **six months prior** to the youth's planned release date. See; JRM 207, Reentry Planning and Preparation, for additional information on residential treatment programming and reentry planning.

The treatment and transition team must meet monthly and include, but is not limited to:

- The youth.
- The youth's identified family, mentor and/or other important people in the youth's life.
- The assigned juvenile justice specialist.
- Residential facility treatment staff.
- Education/vocational providers.
- Community service providers that a youth has been or will be referred to for post-release services.

Treatment and transition team meetings may be attended by conference call or video conferencing to ensure maximum participation of team members.

DHS-767, Conditions of Placement Agreement

The completed DHS-767, Conditions of Placement Agreement, must be reviewed by affected parties, and signed at least 7 calendar days prior to the youth's planned release or within 7 calendar days of a youth's unplanned release. MCL 803.303(3). See; JJM 400, Placement Conditions for additional requirements.

QRTP Aftercare Requirements

Youth returning to the community from a private, contracted qualified residential treatment program are entitled to receive six months of family-based aftercare support services from the program. For residential staff responsibilities see JRM 207, Reentry Planning and Preparation. MCL 722.111(w).

Note: Aftercare support for youth is not required if the youth moves to another child caring institution, adult foster care, shelter, hospital, detention, or jail.

Reentry/aftercare services are not required to be provided if the youth was in the qualified residential treatment program for 14 days or less, or if the independent initial assessment determines that the youth should be serviced in the community **and** that youth is released from the qualified residential treatment program within 30 days of admission.

CASE SERVICE REFERRALS

When the youth is returning to the community, the assigned juvenile justice specialist must:

- Ensure the youth's basic physical, mental, education/vocational and social needs will be met.
- Ensure that the youth is placed in and remains in a productive status of school/work/training.
- Provide direct service to the youth and their family and refer them to any appropriate community resource.

Six months prior to the youth's planned release date, the juvenile justice specialist must use results from the most recent MJJAS Reentry assessment risk score and Juvenile Justice (JJ) Strengths and Needs assessment to create a reentry plan to address:

- Housing.
- Employment or education.
- Family connections and healthy relationships.
- Medical needs and/or mental health needs.
- Substance abuse needs.
- Disabilities.

- Safety planning.
- Finances.

All case services referrals must be documented in social work contacts within five business days of service referral.

The assigned juvenile justice specialist must facilitate obtaining the necessary information releases (DHS-1555-CS, Authorization to Release Confidential Information, and DHS-942, Foster Care Education Records Release), for the youth and their family and provide such information to potential reentry service providers.

CASE SERVICES PAYMENTS

Services/items such as special clothing allowances, school expenses, medical and dental treatment, may be approved through case service authorizations. Unless otherwise specified, the case service authorization categories are applicable to all youth who are placed with or committed to the department by the court; see FOM 903-9, Case Service Payments for information.

HOUSING

Housing must be a key element of a reintegration plan started early in case management and must be consistent with achieving the permanency goal. Any youth, age **18 and older**, without an identified housing situation, must be referred to a housing resource prior to case closure. Housing resources include homeless youth/runaway contractors and other local housing resources. 34 USC 11211 (2)(a)(b)(c).

See FOM 722-03C, Older Youth: Preparation, Placement, and Discharge for housing eligibility criteria.

For housing financial assistance, see FOM 950, The Youth in Transition (YIT) Program.

Shelter Care

Family shelter homes are located throughout the state and are available to delinquent youth until a placement is obtained.

For further information and eligibility criteria; see FOM 941, Family Shelter Home: Program Overview, Requirements and Limitations.

The BSC director must approve placement of children ages 10 and older in an emergency shelter care program. Initial approval may be granted for up to 30 calendar days. The CSA executive director must approve placement of a child under the age of 10 in an emergency shelter care program. If a shelter placement must extend beyond 30 calendar days, the caseworker must complete a placement exception request (PER) for approval to extend the emergency shelter placement beyond 30 days. See; FOM 722-03, Placement Selection and Standards and FOM 722-03E, Placement Exception Requests and Approvals for further information on placement exception requests.

Note: Children must not remain in an emergency shelter facility for more than 45 days.

STATE IDENTIFICATION CARD OR DRIVER'S LICENSE

Six months prior to the youth's planned release date, the assigned juvenile justice specialist must ensure that the youth possesses or applies for a state identification card or driver's license. If the youth or family is unable to pay, see; JRM 231, Payment Method for State Identification Card.

CONSUMER CREDIT REPORTS

Each youth age 14 and older under the care and supervision of MDHHS must receive a copy of any consumer credit report annually until discharged from care. The youth must be assisted in interpreting the credit report and resolving any inaccuracies. 42 USC 675(5)(I). See; FOM 722-6E, Consumer Credit Reports, for additional information and requirements. A copy of the consumer credit report must be filed in the youth's case file and entered as a social work contact when provided to the youth within five business days.

PSYCHOTROPIC MEDICATION

When a youth is prescribed psychotropic medication, the assigned juvenile justice specialist must ensure that the youth has a follow-up appointment scheduled with a community provider within 30

days. The facility must also provide copies of the most current informed consent documentation to the juvenile justice specialist.

For additional juvenile justice specialist responsibilities, see; JJM 802-1, Psychotropic Medication.

HEALTH & MEDICAID

Upon youth's release, the facility must provide the juvenile justice specialist, legal parents(s) or guardian(s) or adult youth all medical, dental and mental health information, including a medication regime at time of release.

Youth with a medication regime must have at least 30 days of medication provided to the responsible party to whom the youth is released, including written information from the prescribing physician explaining each medication and the reason the youth is prescribed each medication.

See; FOM 801, Health Services for Foster Children, FOM 802, Mental Health, Behavioral and Development needs of Foster Children, and FOM 803, Medicaid - Foster Care for caseworker responsibilities.

Maternal Infant Health Program (MIHP)

Maternal Infant Health Program (MIHP) providers can help pregnant youth and new mothers understand how to stay healthy and keep their babies healthy. A pregnant youth enrolled in MIHP will have a care plan developed just for them. MIHP is free for youth who are pregnant and Medicaid eligible and their infants up to age one. Contact 1-833-644-6447 or visit MIHP website for more information and eligibility requirements.

EDUCATION

If the youth needs to continue their education upon reentry to the community, the assigned juvenile justice specialist must ensure that every effort is made to provide the youth with appropriate educational services to support and encourage school success. See; JJM 723, Educational Services for Juvenile Justice.

WORK OR VOCATIONAL TRAINING

When work or vocational training has been determined to be a need for a youth, the assigned juvenile justice specialist must ensure appropriate referrals and supports are planned and coordinated. For work and vocational training financial assistance, see; FOM 950, The Youth In Transition (YIT) Program, and FOM 960, Education and Training Voucher (ETV) Program.

Michigan Rehabilitation Services (MRS)

Michigan Rehabilitation Services (MRS) works with youth and adults with disabilities to provide transition services. Transition services assist youth moving from secondary school to post-secondary school activities, including post-secondary education, vocational training, continuing/adult education, adult services, independent living or soft skills training necessary to obtain and maintain competitive-integrated employment and community inclusion.

A youth who is disabled and is in public or private residential placement must be assessed for the appropriateness of a referral to MRS. The juvenile justice specialist should include the input of MRS and the youth's treatment and transition team when considering a referral to MRS. This should occur at least **six months prior** to the youth's scheduled release date or within seven calendar days of an unplanned release. The assigned juvenile justice specialist may need to assess the appropriateness of a referral to MRS sooner if the residential treatment program is less than six months long or for more complex cases.

If the youth is assessed as appropriate for a referral to MRS, the assigned juvenile justice specialist will assist the youth with applying for MRS services.

For work and vocational training financial assistance, see; FOM 950, The Youth In Transition (YIT) Program, and FOM 960, Education and Training Voucher (ETV) Program.

MRS Case Opening

The assigned juvenile justice specialist and youth's treatment and transition team must hold an initial meeting to discuss the youth's release plans with the MRS counselor and decide:

- Which program would benefit the youth – Pre-Employment Transition Services (student with a disability age 14-26) and/or Vocational Rehabilitation Services (individual with a disability).
- The best timing for MRS to begin working with the youth to open the youth's MRS case.

MRS Program - Pre-Employment Transition Services (PRE-ETS)

The following services may be provided to students with disabilities ages 14-26:

- Instruction in self-advocacy including in person-centered planning, peer mentoring, and peer mentoring from individuals with disabilities working in competitive integrated employment.
- Work-based learning experiences, which may include in-school or after school opportunities, or experience outside the traditional school setting (including internships), that is provided in an integrated environment to the maximum extent possible.
- Job exploration counseling.
- Counseling on opportunities for enrollment in comprehensive transition or post-secondary educational programs at institutions of higher education.
- Workplace readiness training to develop social skills and independent living.

MRS Referral Packet - Pre-ETS Program

- Student and Parental/Guardian Referral/Consent for Pre-Employment Transition Services (MRS-2900).
- Guardianship order.
- School Verification of Student with a Disability; Pre-Employment Transition Services (MRS-2905); **or**

- Active Individualized Educational Plan (IEP); or
- Active 504 Plan; or
- Post-secondary enrollment verification.

- School documentation or documentation from other sources confirming disability status (Examples: medical records/reports or SSA beneficiary information).

MRS Service Agreement - Pre-ETS Program

The assigned juvenile justice specialist and youth's treatment and transition teamwork with the MRS counselor to complete the Pre-Employment Transition Services Agreement (MRS-2930). This agreement identifies specific services and vendors that would help the student in preparing for the transition from school to post-secondary education, training or employment.

MRS Program - Vocational Rehabilitation (VR)

The following services may be provided to youth when needed to assess MRS eligibility and rehabilitation needs, or to achieve the youth's vocational goals and objectives:

- Pre-Employment Transition Services.

- Medical, psychological or vocational evaluations necessary for planning or diagnosis, if existing information about the youth is insufficient.

- Vocational counseling and career planning.

- Job training arranged through adult education; trade, technical or business schools; colleges or employers.

- Assistance with any additional costs for maintenance and transportation as a result of the customer’s participation in a rehabilitation program.

- Personal physical aids such as prosthetic and orthopedic devices, hearing aids, wheelchairs, hand controls, etc. that are necessary for the youth to achieve employment.

- Job and task analysis specific to the achievement of a vocational goal.

- Rehabilitation engineering.

- Accommodation services and assistive technology, personal adjustment counseling.
- Tools, equipment, uniforms and license fees needed for work or training beyond that routinely provided for all students in technical training and work-study programs.
- Job placement assistance and follow-up.
- Individualized Plan for Employment (IPE)-related job coaching services.
- IPE-related personal assistance services.
- Independent living training needed to facilitate or maintain employment.
- Post-employment services needed to maintain employment.

MRS Referral Packet - VR Program

The referral packet to MRS must contain the completed MRS application. Additional information that may be beneficial to facilitate the intake of the youth, if available or applicable, would be:

- Most recent individualized education plan (IEP).
- Guardianship papers.
- Vocational assessment reports.
- Speech and language reports.
- Occupational and physical therapy reports.
- Most recent psychological and/or psychiatric assessment.
- Medical records that document the youth's disability and functional limitations.
- A list of the youth's treatment providers addresses and phone numbers.
- Most recent residential treatment plan and juvenile justice service plan.

MRS Application – VR Program

The assigned juvenile justice specialist must assist the youth with applying for MRS services by ensuring that the youth completes MRS-2910, Application for Vocational and Employment Services.

The assigned juvenile justice specialist must submit the MRS-2910 to the local MRS office with a complete referral packet 14 days prior to the youth's release. To locate the appropriate local office, call 800-605-6722.

MRS Intake – VR program

The assigned juvenile justice specialist participates in the intake with the youth and MRS counselor. The intake information is either provided orally to the MRS counselor or by completing the following forms:

- MRS-2950, Intake for Vocational and Employment Services.
- MRS-2960, Characteristics at Plan.

Michigan Career & Technical Institute (MCTI)

The Michigan Career & Technical Institute (MCTI) located in Plainwell offers free tuition, room and board for eligible adults who have a physical or mental disability. Depending on aptitude and interest, youth may choose to enroll in one of several technical training programs. A youth's MRS counselor can help determine if MCTI would be a good match. For more information, call the admissions office at (877) 901-7360 or visit the Michigan Career Technical Institute (MCTI) website.

STATE DISABILITY ASSISTANCE

The assigned juvenile justice specialist must assist a youth age 18 or older with a disability that is placed in a public or private residential facility in applying for State Disability Assistance (SDA) to ensure a seamless transition back to the community. For SDA procedures and eligibility criteria, see; BAM 115, Application Processing; BAM 815, Medical Determination and Obtaining Medical Evidence; BEM 261, Disability - SDA and BEM 240, Age.

The assigned juvenile justice specialist must complete the following to assist in the SDA application process:

- Six months prior to the planned release date from the facility or within seven calendar days of an unplanned release, the assigned juvenile justice specialist must discuss the disability determination process with the MRS counselor and treatment and transition team to determine if SDA should be pursued for the youth. If SDA will be pursued, the assigned juvenile justice specialist must begin to prepare the SDA referral packet.
- The assigned juvenile justice specialist must send the referral packet for SDA eligibility determination 14 calendar days prior to the youth's planned release date or within seven calendar days of an unplanned release, using the following forms:
  - DHS-1749, Notice of Scheduled Release from Juvenile Justice Facility. A copy of the DHS-1749 must be filed in the youth's case record.
  - DHS-49-B, Social Summary.
  - DHS-49-D, Psychiatric/Psychological Examination Report (for mental health disabilities).
  - DHS-49-E, Mental Residual Functional Capacity Assessment.
  - DHS-49-F, Medical-Social Questionnaire.
  - DHS-49-G, Activities of Daily Living (optional).
  - DHS-1555, Authorization to Release Protected Health Information.

The MDHHS Eligibility specialist (ES) must schedule an appointment with the youth to be held within five business days after his/her release date; see BAM 115, Application Processing.

MENTAL HEALTH SERVICES

The assigned caseworker must ensure appropriate referrals and supports are coordinated for mental health services determined necessary by the most recent MJJAS and/or JJ Strengths and Needs Assessment.

Community Mental Health Wraparound/Case Management

Wraparound is a team planning process between MDHHS and Community Mental Health that creates an individualized plan to meet the needs of youth and their families by utilizing a strength-based approach to treatment. Wraparound is an established practice of coordination services and supports for families and their children who have a serious emotional disturbance, are involved with multiple systems and where other forms of intervention have not had successful outcomes. This service may be available to JJ youth up until the age of 21. A referral should be made **6 months prior** to a youth's planned return to the community using the CMHSP Key Contacts for Youth Reentry guide. For contact information and eligibility criteria see; Wraparound Services.

Serious Emotional Disturbance Waiver (SEDW)

The SEDW enables Medicaid to fund necessary home and community-based services for youth up to age 20 with serious emotional disturbance who meet the criteria for admission to the state inpatient psychiatric hospital (Hawthorn Center) **and** are at risk of hospitalization without waiver services. A referral should be made **6 months prior** to a youth's planned return to the community. For contact information, counties covered and eligibility criteria see; Children with Serious Emotional Disturbances Waiver and FOM 903-03, Payment for Foster Family/Relative Care.

Association for Children's Mental Health (ACMH)

ACMH is a statewide non-profit family organization dedicated to supporting families of children and youth with mental health challenges. ACMH provides support and training for families and community partners who support them, as well as, family networking and leadership opportunities. For eligibility and contact information see; ACMH website.

Intensive Crisis Stabilization Services (ICSS)

Intensive Crisis Stabilization Services are structured treatment and support activities provided by a mobile intensive crisis stabilization team that are designed to promptly address a crisis situation in order to avert a psychiatric admission or other out of home placement or to maintain a child or youth in their home or present living arrangement who has recently returned from a psychiatric hospitalization or other out of home placement. These services must be available to children or youth up to age 21 with serious emotional disturbance (SED) and/or intellectual/developmental disabilities (I/DD) including autism, or co-occurring SED and substance use disorder (SUD)

A crisis is a situation when at least one of the following applies:

- The parent/caregiver has identified a crisis and reports that their capacity to manage the crisis is limited at this time and they are requesting assistance.
- The child or youth can reasonably be expected within the near future to physically injure self or another individual, either intentionally or unintentionally.
- The child or youth exhibits risk behaviors and/or behavioral/emotional symptoms which are impacting their overall functioning; and/or the current functional impairment is a clearly observable change compared with previous functioning.
- The child or youth requires immediate intervention in order to be maintained in their home or present living arrangement or to avoid psychiatric hospitalization or other out of home placement.

Included Services

- Assessments (rendered by the treatment team).
- De-escalation of the crisis.
- Family-driven and youth-guided planning.
- Crisis and safety plan development.
- Intensive individual counseling/psychotherapy.
- Family therapy.
- Skill building.

- Psychoeducation.
- Referrals and connections to additional community resources.
- Collaboration and problem solving with youth serving systems.
- Psychiatric consult, as needed.

Approval Path

The Pre-Paid Inpatient Health Plan (PIHP) must seek and receive MDHHS approval, initially and every three years thereafter, for the intensive crisis stabilization services in order to use Medicaid funds for program services.

For contact information by region see Community Mental Health Services Program & Intensive Crisis Stabilization Services Phone List For further ICSS information and eligibility see the Medicaid Provider Manual.

LEGAL BASE

Federal

34 USC 11211(2)(a)(b)(c) et seq, Authority to make grants.

Services shall be established that include individual, family and group counseling, home based services and services for runaway and homeless youth and for the families of such youth.

The Second Chance Act of 2007, PL 110-199 (3)(5).

Provides basis to assist youth offenders reentering the community from placement to establish and provide sufficient transitional services to maintain community placement.

Social Security Act, 42 USC 675(5)(I).

Provides requirements for youth who have attained 14 years of age receive a copy of a consumer report until the youth is discharged from care.

State

Youth Rehabilitation Services Act, 1974 PA 150, as amended, MCL 803.303(3).

If a youth is placed in their own home, the youth agency shall provide counseling services and may establish reasonable conditions under which the youth will be permitted to remain in the

home, but the youth's parents retain all other parental rights and duties.

Child Care Organizations, 1973 PA 116, MCL 722.111(w).

Requires family-based aftercare supports for 6 months post release of youth from qualified residential treatment program.

POLICY CONTACT

Juvenile justice supervisors and management may submit policy clarification questions to juvenile-justice-policy@michigan.gov.